PHILADELPHIA MEDICAL TIMES.

SATURDAY, DECEMBER 20, 1873.

ORIGINAL LECTURES.

CLINICAL LECTURE

ON A PAPULO-SQUAMOUS SYPHILODERM.

Delivered in the University of Pennsylvania,

BY LOUIS A. DUHRING, M.D.,

Clinical Lecturer upon Diseases of the Skin.

THE patient whose disease we propose to consider is a well-built, strong-looking man, 36 years of age. Fourteen years ago, he says, he had a venereal sore upon the penis. This healed in a few weeks, and two months later an eruption of reddish spots and blotches appeared over his body, followed by sore throat and by pains of a darting nature in his limbs. The eruption soon subsided, but he has had relapses of a similar eruption on several occasions since. He remarks that he has been treated for syphilis at various times by several physicians. The present disease which we see scattered over his body is of four years' duration, never having left him entirely within this period. Such is a brief history of his trouble. We would describe him as having an extensive cutaneous disease, extending over the scalp and forehead, especially just below the line of the hair, about the ears, somewhat upon the back, abundantly over the chest, and slightly over the arms, thighs, and legs. It is most pronounced upon the chest and upon the scalp. Upon the chest the eruption consists of a large, irregular-shaped patch, made up of papules and tubercles closely studded together, forming here and there solid masses of disease. In places the papules and tubercles are separate, discrete, with sound skin between them. They vary in size from a large pinhead to a small pea, are markedly elevated, are not, however, acuminated or pointed, but flattened, and covered with scanty, adherent, yellowish-white scales; others are entirely free of scales, and possess a smooth, reddish surface. The color of the eruption is a livid red, especially brilliant upon the parts free of scales. Now, the disease upon the scalp we observe to be different in some of its characters. Instead of the papules and tubercles which we see upon the chest and other parts of the body, we have only a slightly-elevated, very imperfectly-defined, reddish infiltration or deposit in the skin, covered extensively with scales and sebaceous matter, running over the scalp in a serpentine course. If you attempt to follow the track of the eruption, its irregular, winding, broken trail is difficult to trace. It possesses a linear form and a serpentine, twisted course. Eruptions in the scalp having this aspect must always be regarded as very suspicious of syphilis, for this is the favorite outline in which syphilis of the scalp tends to manifest itself. The scales are very thin, and at the same time very adherent, and are detached with difficulty; they cannot be shaken out loosely, as in psoriasis or seborrhœa. There is no moisture or ulceration whatever about the scalp, or indeed anywhere upon the skin. Our patient is a carpenter, and sweats freely when working, at which time, he tells us, the eruption itches and annoys him. It is a very commonly received idea that syphilitic eruptions do not cause itching; that these diseases of the skin are always free from this annoyance. Now, this idea is true to a certain extent, but it must not be accepted without reservation, for the degree of itching in any case of cutaneous disease will depend materially upon existing circumstances. Thus, when estimating the amount of itching present, allowance must be made for temperament,—whether the individual possess an irritable, quick, nervous habit, or whether he be indifferent and stolid. A nervous, excitable patient will incline to rub, scratch, and irritate the disease, whatever it may be, and so induce additional, artificial, nerve-irritation.

The seat of the eruption likewise influences the amount of itching. The occupation and the general habits of the patient also often afford a clue to this symptom. If you desire to know exactly what degree of itching a certain manifestation upon the skin causes upon an individual, it will be necessary to inquire minutely and with questioning into all manner of detail: whether the symptom is constant, periodic, or irregular in its course; whether the occupation, or exposure to cold or heat, sweating, and other conditions, influence it in one way or another. Copious sweating, the excretion coming in contact with diseased and abraded skin, is generally the source of some itching and burning in certain diseases, particularly in some syphilitic eruptions; and the annoyance in the case before us may be explained in this way. I must not be understood as saying that syphilitic eruptions always cause itching, for the rule is that they do not give rise to this symptom. I do desire, however, to call attention to the fact that itching may be present with some syphilitic eruptions, and that syphilis must not be excluded because a disease of the skin itches. But to return to our case. If we examine closely and endeavor to study the arrangement of the eruption upon the body, we shall see that the larger patches are made up of numerous smaller ones, which have coalesced and encroached upon each other. There exists also a tendency to a uniform arrangement of the individual papules: they are placed together in a crescentic or semicircular form. This grouping which the papules are wont to assume must not be lost sight of, for it is of diagnostic value. Experience teaches us that the papules and tubercles of syphilis are prone to take on this arrangement, so that when we see it in diseases like the present we are at once suspicious of syphilis. It is readily recognizable in most cases, though not always so well marked.

The history in our case happens to be a clear one, from the chancre, through the various symptoms, to the eruption before us; but even had we no history of the initial lesion, or indeed of any venereal trouble, as is so often the case, we should

be fully justified in making the same diagnosis with quite as much assurance, for the skin manifestation alone is sufficient for our purpose. Such an eruption is always syphilis and can be nothing else. It is due to one cause, and only one, the inoculation of the virus syphilis in one way or another. How the inoculation has taken place, whether through coition or other ways, it matters not, so far as our diagnosis is concerned. Syphilis is a most subtle poison, nor are the various avenues and ways of contagion in many cases which come under our notice by any means clear. But, having certain manifestations upon the skin, we are always warranted in saying that the disease is positively due to syphilis and to no other cause, permitting the history to go for naught. For, gentlemen, the lesions of the skin due to syphilis are no longer involved in obscurity; they are known, are accurately described, and readily discerned when they show themselves. Our knowledge of the various forms of disease which the integument of the body assumes is becoming more definite year by year, and dermatology and syphilology have each been elevated by the hard labors of those who have given themselves to this task.

In making the diagnosis of our case, the fact must not be forgotten that there are diseases with which it may readily be confounded, if care and attention be not exercised. But there is one non-syphilitic affection in particular which frequently resembles papulo-squamous syphiloderms, and to which I desire to call your notice. I refer to psoriasis, or psoriasis vulgaris as it is also called, a disease in no way connected with syphilis, which, however, in some of its forms and stages looks at a glance not unlike it. On the other hand, certain of the squamous syphiloderms sometimes resemble psoriasis so much as often to be the cause of error in diagnosis.* These two distinct cutaneous manifestations, though at times so alike in appearance, let me here state, are absolutely never in any way connected with each other. They are widely separate processes. They are different pathological changes, and hence can bear no relation to each other. Yet they are not infrequently confounded, and it behooves us to study them accurately. A disease of the skin, gentlemen, is either the direct, immediate, positive result of the inoculation of syphilis, or, on the other hand, it is positively in no way connected with syphilis. There is no mysterious obscure course about the eruptions of syphilis: when they appear they are to be recognized as syphilis, just as a chancre is recognized as syphilis, and they constitute a definite group of symptoms. The various signs which the virus syphilis is capable of producing upon the skin are well-known and usually familiar forms, and they are to be regarded as the immediate result of the poison.

A word only concerning the treatment of our patient, which, with our views settled as to the diagnosis, is sufficiently simple and plain. Iodide of potassium in appropriate quantity is without question the remedy demanded. The patient will be ordered ten grains, dissolved in a drachm of wine of iron, to be taken three times a day, about an hour after eating, and well diluted with water. If this quantity be not contra-indicated by any idiosyncrasy of the patient, as for instance by ptyalism or coryza, it will be proper to allow him to continue this treatment for at least two or three months. But the length of time which a patient may take such a remedy will depend upon circumstances which may arise from time to time, and therefore no definite rule can be given. He should, however, take the medicine for several weeks, or longer, after all symptoms of disease have disappeared. The improvement in this case will probably not be rapid, owing to the extensive infiltration into the skin, and the squamous form which the disease has assumed, and which is always slow to disappear. With the exception of simple warm baths, which will be ordered, together with attention to cleanliness, the case does not require local treatment. We shall depend entirely upon our internal remedies.

[November 1, six weeks after date of lecture. The patient very greatly improved. The eruption has almost, if not entirely, disappeared from the scalp, and the patches upon the chest and abdomen are paler in color, and the induration very much less. He has been taking steadily the prescription ordered.—L. A. D.]

* We shall have the pleasure shortly of laying before our readers a paper by Dr. Duhring giving the differential diagnosis between squamous syphiloderms and psoriasis.—Ed. *P. M. T.*

ORIGINAL COMMUNICATIONS.

THE CAUSES OF THE EXTENSION OF TYPHOID FEVER.

A Paper read before the Philadelphia County Medical Society, November 12, 1873,

BY DR. GEORGE HAMILTON.

MR. PRESIDENT, AND GENTLEMEN OF THE SOCIETY,—In compliance with the duty imposed upon me at the meeting held October 8, I offer as introductory to the discussion appointed for this evening a few remarks in relation to typhoid fever, having reference more especially to its causation and extension.

Most of those present have probably noticed in recent numbers of the medical journals reports of outbreaks of typhoid fever in various parts of Great Britain: of these, the one occurring in a certain district of London has most interested and occupied the attention of the medical profession, as its exciting cause seemed to have been clearly traced to the use of water or milk contaminated by the fæcal discharges of patients affected with the disease. Cesspools, or drains connecting with them, are referred to as the chief sources of the vitiation of the water used. Uncovered vessels containing the milk alluded to had been kept (it is not stated how long) in the chamber of a man sick with typhoid fever, and this milk is believed to have been infected through absorption of the effluvia issuing from the skin, the lungs, or from the fæcal dejections of the patient, as nearly all the persons to whom the milk had been sold were attacked by the fever.

In the *Medical Times* of this city for September 27 will be found a statement from Dr. Murchison in regard to this matter, in which, as it appears, several members of his own family were, after using this milk, prostrated with fever. This account, and several others of nearly similar import, are doubtless candidly and fairly drawn out, and seem, at least, to rest upon a close observation of facts. In a paragraph of the *Times*, directly following the history of this outbreak of fever, the editor proposes, as worthy of discussion, this pertinent question: "Why, with our almost universal private cesspools, are we so exempt from epidemics of typhoid fever in Philadelphia? The disease is always with us, but anything like a spreading epidemic is a thing unheard of, at least in our experience."

Every intelligent, well-directed effort to determine the true source and mode of extension of this disease is worthy of commendation; and though such attempt, owing to the inherent difficulty of the subject, may be only partially successful, it nevertheless deserves the support of every one duly interested in the welfare of the community. That this matter needs, as the editor of the *Times* declares, investigation, is manifested in the diversity, and at times contrariety, of opinions still advanced in regard to the sources and modes of propagation of typhoid fever. Of those who have written upon the subject, a majority, probably, have had for their field of practice large cities and hospitals; and common observation has shown how difficult it is, in such positions, to arrive at a satisfactory solution of the question proposed. If the opportunities afforded in country and village practice were taken advantage of by the intelligent and observant practitioner in such favorable positions for observation, some definite conclusion might possibly be arrived at; for, as a rule, he is in such a relationship with nearly the entire population within the circle of his practice, as enables him to discover the situation and surroundings of the family in which the disease first appears. If the complaint spreads, as it sometimes does, to an extent and with a virulence and fatality hitherto unknown in this and many other cities, he may trace, as it were, from house to house, the direction the disease has taken, and the regular or interrupted movement that has marked its progress.

In consequence of the limited population and the isolation of the families, it is comparatively easy to ascertain if any opportunity for a contact of suspicious character may have occurred, the time, and the attending circumstances; whilst in vast and crowded populations continually in movement and nearly in contact, these points can seldom be satisfactorily established.

In regard to the origin of typhoid fever in the particular district in which the residence of Dr. Murchison is located, and from which his own family suffered, we may draw at least one practical lesson,—viz., if milk exposed—probably for no great length of time—to the atmosphere of a chamber in which a man affected with typhoid fever lies is susceptible of such alteration as to render it capable of engendering this disease, we may thence learn the necessity of guarding against risk of this kind by enjoining upon those who may be in attendance as nurses to forbid children or others, who may gain access or be admitted to such room, to partake of milk so exposed, as is doubtless sometimes done even by adults, having no squeamishness and perhaps apprehending no danger from this source. A similar admonition is, perhaps, advisable in reference to all drinks and food, as some of these may be equally possessed of liability to vitiation from similar exposure.

The history of this outbreak of typhoid fever, in connection with that of some others occurring in various parts of England and Scotland, attributed in a number of cases to the use of water or milk poisoned through the medium of cesspools or sewers, will perhaps do much to strengthen the views of those who believe these to be the chief if not exclusive sources of typhoid fever, and efficient agents in its dissemination. Dr. Budd commits himself definitely to this view of the subject, and has, without doubt, many supporters; whilst a larger number, though conceding at times the influence of other agents, evidently regard the latter as of minor importance. A still greater proportion of writers and practitioners, especially those who have witnessed the violent epidemics that from time to time ravage the country, do not fully accept these restricted agencies as the dominant ones in their production, but are disposed to attribute them to some more general, more diffused influence, spontaneous in its origin, whose baleful effects they are acquainted with, but of whose nature and mode of action they are profoundly ignorant. Bretonneau has long since declared his belief in the contagious character of typhoid fever, an opinion in which probably only a small number of physicians coincided. Gendron, influenced, apparently, by what he had witnessed in regard to its development in the country, adopted the same view as Bretonneau, alleging as the cause of its greater and more rapid extension in rural districts the comparative small size of the chambers of the sick, and the more constant presence of the attendants in the room of the patient. He remarks that the sources of the first cases are frequently beyond our knowledge, even in isolated populations, and expresses the opinion that the disease is susceptible of transmission from fomites as well as by contact. Dr. Nathan Smith, one of the early most noted and experienced of American practitioners, declared himself in terms essentially similar. The vast majority of authors regard putrescent animal matter as the more usual source of typhoid fever, and some speak of it as being infectious and likewise contagious,—affecting the rich and the poor indiscriminately. Niemeyer expresses the opinion that spontaneous development of germs is an agency in the production of the disease, as well as that arising from cesspool contamination; also, that it may be of miasmatic or contagious origin; but that great difficulty exists in determining which of the two is the agent in crowded cities, where, owing to the great abundance of decomposing and putrescent animal substance, an unusual liability to the disease from either cause must be admitted. He alludes, in common with many other writers, to

the disposition to typhoid fever of persons recently arrived or having lived but a moderate length of time in places where the disease prevails. Physicians and nurses waiting upon those affected with the disease, he thinks, are seldom attacked. Flint admits the contagiousness of typhoid fever under certain circumstances. Spontaneous generation, however, probably evolved from putrescent animal and vegetable substances, he regards as the more general cause of the disease, but whether by the production of a specific poison, or as an auxiliary, is not satisfactorily determined.

A marked feature in the history of typhoid fever, noticed particularly by Drs. Nathan Smith and others, and that has given rise to much comment, is the erratic course it sometimes pursues, either in cities, or in the country, where it is more frequently noticed. In some seasons it will diffuse itself rather uniformly over a greater or smaller district, and, sooner or later disappearing from this, will reappear and diffuse itself over another tract near to the former, or at the distance of many miles, and at length revisit the place of its first appearance. Occasionally the disease is restricted to very narrow limits, and will, without diffusing itself, retire from this locality, to reappear, perhaps, at the distance of several miles, the intervening space escaping altogether. Dr. James Jackson speaks of the disease as sometimes appearing in a village or a single family, without leaving the precincts of either, when upon examination no appreciable cause for the attack could be discovered. In these instances he supposes its source to be some peculiar local condition of the soil, unconnected with filth or putrescence. This opinion, distinguished as the source whence it emanates is, will probably find little favor at present, when so many causes of a more definite and tangible character are adduced as the efficient agents in the production of typhoid fever.

My own experience and observation in the disease have been acquired in both country and city practice; and, whilst it may be said that the city is never entirely free from the malady, the same cannot be asserted in relation to the country. The complaint, however, once appearing in a rural section, is greatly disposed to spread and assume more or less an epidemic character; so that the number of persons attacked in proportion to population is correspondingly large. If typhoid fever, in my experience, once gained admission to the house of a farmer or his tenant, and the family were of the average number, as a rule it would not disappear from the premises until several persons had suffered an attack; whilst, on the contrary, my practice in this city, excluding one family where four persons were attacked, and two or three others in which two persons were affected with the disease, has given but a single case to each house. In the family of a wealthy farmer, consisting of eight individuals, all, except one, were affected,—six of them dangerously. The history of the disease as regards this family may, to those whose practice has been confined to the city, appear somewhat striking; yet it is nothing more than had from time to time been noticed by the country practitioner of that period, and doubtless since, where the complaint may have prevailed as an epidemic. A son of the farmer alluded to was the first to sicken, but not upon the premises. He had been absent from home for a number of weeks, at the distance of thirty-five or forty miles, and from thence he was removed, after the attack, to his father's residence. There was nothing in the location or the surroundings to account for the extension of the complaint to the remaining six members of the household,—the drainage from any suspicious matters being in an opposite direction to the supply of water for the family. In another farmer's family, of eight or nine persons, five were prostrated with typhoid fever. The mother was the first attacked; and she had been in almost constant attendance, by day and by night, at the bedside of a near relative suffering from the disease and living at the distance of several miles from the home of this mother.

It should perhaps be stated here that more than ten years elapsed from the time of my going to the country until my return to the city, and that during the first five or six years no cases of general fever were observed, other than those called bilious remittent. Yet for a season or two preceding the outbreak of typhoid fever some modification of the remittent form would arrest the attention of physicians. The first case of decided typhoid character occurred in the practice of a brother practitioner residing in my immediate vicinity. The house in which it appeared was situated near the Brandywine, about three miles below Chadd's Ford. As there had been no opportunity for contact of a suspicious character, and the local conditions were materially the same as they had been for an indefinite time, it was difficult to account for the peculiarities of this case, and it was therefore regarded as developed spontaneously through the agency of some general but indefinable influence. The disease gradually extended itself, though somewhat irregularly, during that season, and at the same time a more decided modification was noticed in the character of remittent fever, until at length its peculiar features were lost, or, as it were, supplanted by those of the typhoid form. The history of this first case, to whatever source it may have owed its existence, may be regarded as the prototype of other first cases, springing up in various sections of the country. In view of the fact that the condition of the farm-houses in general, and their respective local peculiarities, differed in no perceptible degree from those which had long characterized them, and in the absence of any known opportunity for contagious influence, the conclusion of the great body of country physicians of intelligence and observation was coincident,—that the outbreak was not referable to a perceptible specific cause, but was probably dependent upon atmospheric or telluric influences of exceptional character. For in this connection it must be remembered that the disease will sometimes, after having spread through a district for a season, again, in a year or two, reappear, and be nearly or quite as prevalent and virulent as before, the local conditions in the mean time remaining, so far as discernible, essentially the same.

It is, therefore, not surprising that Dr. James Jackson should have expressed the opinion that the disease might, under some circumstances, be indebted for its cause to a special local condition of the soil. The mutual actions and reactions of atmospheric and telluric elements, influenced as they doubtless are by changes in barometric, electric, thermometric, and hygrometric states, are absolutely unknown. To be able to assign to the operation of a palpable agent the origin of that class of diseases to which that under consideration belongs, is, indeed, a desideratum, for in this event we should perhaps have at command the means of cure, or, better still, of prevention. The attempt, however, of later years to attribute special poisons, received from without, as the causes of many diseases has, to a considerable degree, failed, partly for want of a sufficient number of pertinent and well-ascertained facts, and partly from attaching too little importance to the power of the organism itself to originate under certain circumstances elements of a deleterious nature, the product, generally, of abnormal physiology, in other cases the result, apparently, of physical or chemical action.

The views thus summarily expressed in reference to the origin and spread of typhoid fever are, as we think, nearly identical with those held by the majority of practitioners, and differ but little, if at all, from what is found in the writings of Drs. N. Smith, Bretonneau, Gendron, James Jackson, Flint, Bartlett, Niemeyer, and of many others of similar observation and experience.

Typhoid fever, as most of those present well know, has, for many years past, undergone an extraordinary modification. The allusion is to the comparatively small number of cases seen in the city, or in the older, more thickly-settled portions of the country, and to the greatly diminished mortality. The late Dr. W. W. Gerhard many years ago said to the writer that he no longer regarded typhoid fever as very dangerous, the change for the better in this city resembling what had long since been observed in Paris, where the mortality had, through a series of years, fallen from thirty-three to only five per centum, and this, too, without appreciable cause. The disease appears to be most prevalent and fatal for some years past in the smaller towns and villages situated in distant parts of the country, or in the less thickly-populated portions of the older States. The late Prof. J. K. Mitchell once informed me that nearly all the cases he saw were in the suburbs rather than in the central parts of the city, and this, we have reason to think, has been the experience of many other physicians.

The question, then, naturally arises, why typhoid fever should diffuse itself so much more extensively, rapidly, and fatally in the country than in this and many other cities. The opinion of Gendron, that in the country the more rapid extension of the disease through the family, and even beyond, might be attributed to the smaller size of the chambers and to the more constant attendance of the members of the family at the bedside of the patient, has, perhaps, some foundation, whilst it must be admitted that the malady is as frequently found in the mansion of the farmer as in the cottage of the laborer. A widely-diffused, a sort of epidemic influence and contagion are evidently at work, just as we observe in several other acute affections in country neighborhoods, and to these chiefly are to be ascribed the frequency of attacks and their fatality.

The late Dr. Joseph Parrish used to remark in his summer course of lectures that in the consultations to which he had been called within a radius of eight or ten miles he had noticed that attacks of dysentery and remittent fever were beyond all comparison more numerous and fatal than he had ever witnessed in the families under his immediate care; and this is strictly in accordance with our own experience. The same observation holds good in relation to several other maladies, notably so in the instances of diphtheria and cerebro-spinal meningitis. Most of those whom I address can, doubtless, call to mind reports from various sections of Pennsylvania and New Jersey where in a single family four or five deaths had sometimes occurred from one or the other of these diseases; whilst this city, with its crowded population, passed through one or two epidemics of this kind with but a moderate number of deaths.

In view of these facts, with no appreciable local conditions to explain them, the inference seems inevitable that the greater proportionate number of cases and fatality of typhoid fever in rural districts are referable to a general dominant influence, unknown as to its nature or mode of operation, but perceptible enough in its effects. Whilst Dr. Budd and those who adopt his views are of opinion that the actual entrance into the stomach of water or other substances infected more or less indirectly by the fæcal dejections of those suffering from typhoid fever is the general, if not exclusive, source of the disease, medical authorities commonly entertain the sentiment, as before stated, that to the decomposition and putrescence of animal and vegetable matter in general are we to attribute the origin of the malady. Whether the effluvia arising from putrescent substances become a cause of typhoid fever by being received into the stomach, through direct or indirect means, as some suppose, or from absorption by the mucous membrane of the lungs, as others believe, and whether the person suffering from the malady becomes himself a source of the disease to others exposed to inhaling the effluvia emanating from the surface of his body or lungs, or from his fæcal discharges, are points more or less connected with the proposition for examination. The real purport of the question was to invite discussion regarding the singular fact that the city, honeycombed by cesspools (as the editor of the *Medical Times* rather facetiously says), is so generally exempt from any violent outbreak of typhoid fever. From what has been said, it is clear the question need not be restricted to such narrow limits; for, independently of cesspool vitiation, there are in the city innumerable sources of putrescence that either exist not at all or to a very slight extent in the country. The bone-boiling and fat-melting establishments, the soap- and glue-factories, the places for the reception and utili-

zation of dead horses, cows, and other domestic animals, the sites for the deposit of night-soil, ill-conditioned slaughter-houses, with their appendages in the shape of wells, pits, sinks, and connecting drains, the close, dark, confined cellars serving as adjuncts to inferior provision-stores, sometimes reeking with the exhalations of putrescent animal and vegetable matter, and, in addition, the numerous cellars and back yards of the poor, improvident, and degraded, where the eye and the sense of smell are alike offended and disgusted.

It is, then, not surprising that Niemeyer and many other writers have declared that the elements of typhoid fever abound to an extraordinary extent in large and crowded cities.

The question proposed is thus rendered more pertinent, and apparently more embarrassing and difficult of solution; yet a single fact, before alluded to, that strangers entering into or persons having lived but a moderate length of time in cities or towns where the disease exists are especially disposed to be attacked, may perhaps justify the supposition that the germs of the malady are, to the permanent population, rendered nearly innocuous, from a sort of power of accommodation or resistance, on the part of the economy, to a nearly always present noxious agent, of variable yet for the most part not great intensity. But a truce to theory.

In the recent International Medical Congress held at Vienna, an interesting report of which is to be found in late numbers of the *Medical Times* of this city, Prof. Hebra, one of the Vice-Presidents, said, in relation to the duties of delegates to that body, that "learned discussion of theoretical points was not wanted, but rather the promulgation of the results of observation made from the proper objective point of view." Impressed with the justness and value of this remark, and conscious that the question before you for examination this evening can alone be solved, or in some degree advanced, by pursuing the path just indicated, I refrain from further trespass upon your time, well convinced that verbal discussion, affording as it does to each member opportunity to relate that which he has had under actual observation, must result in eliciting a greater number of important facts and pertinent observations in regard to the subject in hand than could be expected in a short paper relating briefly the experience of an individual, or giving expression to such facts and observations as casually occur or might be cited from a cursory and an imperfect examination of authorities.

NOTES OF HOSPITAL PRACTICE.

PENNSYLVANIA HOSPITAL.

SERVICE OF DR. T. G. MORTON, NOVEMBER, 1873.

Reported by Dr. D. Davidson.

CASE I.—POPLITEAL ANEURISM—CURED BY FLEXION.

W. H., a miner, aged 26, was admitted October 23. Five weeks ago this patient had his left leg caught in the wheels of a truck which he was pulling, and a severe twist of the knee was the result. He was able to continue at work for a day or so afterwards, but great swelling, pain, and stiffness of the knee and limb soon followed. On examination we find a painful, rather dense, pulsating, and movable tumor, about as large as a chicken's egg, in the popliteal region. Pressure on the femoral artery controls the pulsation, and decided pressure on the tumor produces the same result. There is no pulsation in the anterior or posterior tibial arteries, and the temperature of the limb is four degrees lower than that of the other side. The diagnosis of the case is, that a rupture of the artery has occurred, and has been quickly followed by the formation of a tumor, and also of a clot which has doubtless extended into the artery, obstructing the flow of blood through the limb so that circulation in the femoral exists only as far as the tumor. There has been a gradual absorption of the extravasated blood in the popliteal space, and by the collateral circulation the limb is nourished. Since pressure on the tumor entirely controls the pulsation, flexion of the limb will doubtless effect a cure. A pad of lint was applied to the aneurism, and the limb was firmly flexed upon the thigh, and retained in this position by a bandage which encircled the patient's waist.

November 8.—The apparatus was removed, and the tumor was without any pulsation, and much reduced in size.

November 26.—The patient was discharged cured.

CASE II.—SUSPECTED CALCULUS IN THE URETER—DIRECT EXAMINATION OF THE URETERS.

There has been a case in the hospital for some time past the diagnosis of which has been somewhat obscure, and which has been cleared up by a comparatively novel operation, which in doubtful cases may prove of considerable value.

This patient, a jeweller, aged 26, in the month of August last, was seized in the right iliac region with intense pain, which at first was constant, but afterwards intermittent: it was always referred to the same locality. The suffering has been at times so great that large doses of morphia hypodermically have failed to give relief, and the patient has been kept often for hours under the influence of ether. Obstinate constipation of the bowels, with pain in the iliac region, and suppression of urine, without fever or any gastric disturbance, have been the prominent symptoms. The most active purgatives and enormous enemata have failed to produce any action of the bowels, except at long intervals, and then the discharges have been very slight.

The abdomen on examination did not at any time show the least swelling or evidence of inflammation; the right iliac region was very sensitive, and deep pressure produced intense pain. An enlargement, which was apparently the seat of the trouble and was about the size of a pigeon's egg, could be felt deeply situated. A finger passed into the rectum did not reach the enlargement. Whether the mass was a calculus in the ureter, or some impaction of the bowel, or tumor pressing on the ureter, was not determined.

November 21.—The bowels were well cleaned by a large dose of oil, followed by a stimulating enema, as it was determined to explore the rectum by the introduction of the entire hand into the gut.

After complete anæsthesia, Dr. Morton gradually dilated the anus with the fingers of the right hand; the parts quickly yielded, and the hand and forearm were readily carried into the bowel. The line of the ureter and the region of the kidney were found normal; the aorta and iliac vessels were readily distinguished, and it was definitely ascertained that no calculus existed, and that the pain was either simply neuralgic, or was dependent upon a mass of hardened fæces, which came

away just before the etherization. The patient had no control over the bowel for two or three days after the operation, but on the fifth day the sphincter resumed entire control over the anus. Several large stools were passed directly after the examination.

November 27.—Patient discharged quite well.

In many cases of doubtful diagnosis in abdominal tumors, aneurism, etc., this method of rectal examination might be of great value, while we have exhibited in this case the wonderful dilatability of the rectum without any ill effect upon the sphincters.

ILLUSTRATIONS OF LEPRA TUBERCULOSA OR GREEK LEPROSY.

Through the kindness of Joseph G. Rosengarten, Esq., of this city, I am enabled to show you several photographs illustrating the Greek elephantiasis,—lepra tuberculosa; a leprosy, so called, which has lately occurred at Honolulu.

Mr. Lawrence McCully, resident at Honolulu, writes, "The system of the government has been to gather all cases, known or suspected, into a temporary receiving hospital, near Honolulu, there to be examined by the surgeon in charge, and if doubtful, or if appeal to others is made, then by other surgeons of the city. The pronounced lepers are then sent off to the leper settlement on the island of Molokai (at this date one of the smallest of the Sandwich Islands, and lying south of Honolulu). The work has been finished; there are none now in the receiving hospital; and I am assured by the chief agent of the Board of Health that there are now no lepers abroad who may be brought in. We can only wish and hope that he is quite correct, and that no more will develop.

"The settlement at Molokai, in the first place, is isolated by law for the residence of the lepers.

"From the leper settlement, the following extracts from a letter of recent date received from Mr. William P. Ragsdale, at Kalawao, will be read with interest:

"'I am happy to inform you that the lepers are well taken care of. The majority of the afflicted have better homes, and more and better food than they were able to get at their own homes,—wholesome food. No pains nor expense have been spared to give comfort to the poor leper. I am at present engaged in laying water-pipes from the Kalawas (not Kalawao) gulch to the leper hospital, about one and a quarter miles; will finish this job up in about one week's time. This will be a very great help to the poor lepers (who have had heretofore to carry their water on their backs, and on the backs of their animals), and assist them in keeping clean their bodies. They have got plenty of land to cultivate, if they are inclined that way: very few of them indeed have shown any desire for mahiai (cultivating). The total number of lepers at this settlement is seven hundred and ninety-seven: forty-five are school-children, three foreigners, and some five or six Chinamen. There are fifty-seven who are cared for in the hospital ward and fed by the cook; twenty-nine live in the cottages on the hospital premises. The sick in the hospital are looked after in the best manner; they have everything to eat that they may have any wish for. Mr. William Williamson is the purveyor of the hospital, and he takes very good care of the sick, as far as I have been able to see; and the cleanliness of the patients is more carefully looked after than formerly.'—*Advertiser*, October, 1873.

"The writer, Ragsdale, a leper, is a half Hawaiian; the Williamson mentioned is an Englishman, with a native wife and family; is himself a leper, and all the family lepers."

The disease appears to be looked upon as *contagious* and generally incurable. Prof. George B. Wood states this: "The part most frequently affected is the face: knotty, irregular prominences are exhibited here and there over its surface, separated often by deep furrows. The skin is much hypertrophied and rugous upon the cheeks, forehead, and chin; the lips, ears, and alæ of the nose are enormously thickened; the nostrils are distended and the brows overhanging; the eyebrows, eyelashes, and beard have fallen off, and the whole face is enlarged, uneven, oily, and of a peculiar dusky hue.

When a limb is invaded, the subcutaneous tissue often swells, the tumors are thickened and discolored, and the part affected becomes greatly deformed.

WILLS OPHTHALMIC HOSPITAL.

SERVICE OF GEORGE C. HARLAN, M.D.

Reported by W. H. WINSLOW, M.D.

ASTHENOPIA—ACCOMMODATIVE AND MUSCULAR. HYPERMETROPIA.

J. L., a healthy woman, æt. 20 years, a domestic, first noticed a weakness of vision three years since, which had continued up to the time of her application for relief. There was much intra-ocular and supra-orbital pain, accompanied by frontal headache, which latter increased in severity whenever she used her eyes in bright light. Sometimes, during paroxysms of pain, she lost her sight completely for a short period, which probably occurred from paralysis of the accommodation. At such times the eyes became injected and hot, and the tears would flow freely, covering the blurred and indistinct impressions of the printed page. After rest for several days, all these symptoms would disappear, only to be renewed by use of the organs in near vision. The patient was really very uncomfortable and much distressed for fear she would ultimately lose her sight entirely. She stated that she suffered much pelvic pain during menstruation, and occasionally had temporary loss of power in the arms, probably a form of hysterical paralysis.

The eyes and appendages proved to be perfectly healthy in appearance and action. In the right $V = \frac{20}{L}$ Snellen, and in the left $\frac{20}{XL}$, but with a $+\frac{1}{36}$ glass it rose to $\frac{20}{XXX}$ in this eye.

Ophthalmoscopic examination showed the fundi normal, but detected a very high degree of hypermetropia.

After paralysis of the accommodation by atropia, there was found a hypermetropia in the right eye of $\frac{1}{8}$, and in the left $\frac{1}{4}$. She was ordered glasses of $+\frac{1}{12}$, which improved her vision much and entirely relieved the distressing symptoms above enumerated.

The full correction was deferred to a future time, as she had very little near work to do, and could not relax her accommodation enough to see distinctly at a distance through stronger glasses. She was also ordered the elixir of iron, quinine, and strychnia, as her general health was a little below par.

TWO CASES OF ASTIGMATISM.

A. D., a school-girl, æt. 13 years, was not able to attend to her studies regularly, on account of weakness of her eyes.

Whenever she attempted to read or sew she suffered pain in the eyes, the sight became blurred, and severe frontal headache supervened, which continued for hours afterwards. There was also at such times a decided convergent strabismus of the left eye.

Examination after atropia had paralyzed the accommodation detected in the right eye a hypermetropia of $\frac{1}{8}$ in one principal meridian, and of $\frac{1}{12}$ in the other; and in the left eye of $\frac{1}{4}$ in one meridian and $\frac{1}{17}$ in the other.

She was ordered for the right eye a $+\frac{1}{12}$ spherical, combined with a $+\frac{1}{24}$ cylindrical, with its axis at 60°; and for the left a $+\frac{1}{11}$ spherical, combined with a $+\frac{1}{18}$ cylindrical, with its axis at 120°. The glasses completely corrected the strabismus, and entirely relieved the asthenopia.

A. B., a healthy man, æt. 25 years, had been suffering with "weak" eyes six or seven years. Any continued use of them in reading or writing had been followed by fatigue and a burning sensation in the eyes, and sometimes by frontal headache and dizziness.

He had frequently been obliged to discontinue the use of his eyes for near work for weeks at a time. Having lately attempted to use them more than usual, each attempt had been followed by a confusion of vision and dizziness that continued for hours to such an extent as to be a source of great annoyance and distress as he walked the street. This, of course, occasioned anxiety, and had a decided effect upon his health and spirits.

Vision varied very much with the state of his health and strength, and with the fatigue or rest of his eyes. At the time of examination $V = \frac{15}{LXXX}$. A weak convex glass ($+\frac{1}{60}$) made distant vision worse, while a $-\frac{1}{30}$ increased it to $\frac{15}{XL}$, just double.

Suspecting hypermetropia with spasm of the accommodation, the accommodation was paralyzed by atropia. It was then found that there was a hypermetropia of $\frac{1}{30}$ in one principal meridian, and of $\frac{1}{28}$ in the other.

A spherical $+\frac{1}{30}$ combined with a cylindrical $+\frac{1}{48}$ with its axis at 75° gave a distant vision of almost $\frac{20}{XX}$ Snellen, and relieved the asthenopia.

INSUFFICIENCY OF INTERNAL RECTI.

E. M. N., a woman, æt. 33 years, complained of disturbed vision, intra-ocular and supra-orbital pain, lachrymation, and general discomfort in the eyes. She said the trouble commenced four months previously, after a miscarriage, in which she had lost much blood. She had never been able to read or sew for any length of time since. She could read only a few minutes at a time, when the letters would run into each other and the page become blurred. Every attempt to use the eyes was followed by pain in the eyes, and headache.

The external appearance of the eyes was natural, and the ophthalmoscope revealed no interior disease. Distant vision was normal, $\frac{20}{XX}$ Snellen. There was no error of refraction, and the power of accommodation was unimpaired.

With vertical diplopia, there was a horizontal separation of images, which it required a prism of 8°, base inwards, to overcome. Prismatic glasses of four degrees each entirely relieved the asthenopia.

She was directed to use them only when obliged to occupy herself with near work, and the elixir of quinine, iron, and strychnia was prescribed.

INSUFFICIENCY OF THE INFERIOR RECTUS.

K. J., a healthy man, æt. 47 years, a clerk by occupation, doing much writing, noticed a blurring of objects, two months since, which continued and increased. There were no symptoms of any constitutional cachexiæ, and he had generally enjoyed good health; but, owing to financial reverses, he had suffered much mental inquietude. When writing on a line, it would seem to move upwards into the body of the manuscript and become lost. In looking at a picture, the title below would become displaced into the details of the cut. When he met a gentleman in the street, there seemed to be two, one taller and behind the other, and in looking at his face the shirt-collar would appear around the face just below the eyes. He always had to step over two curb-stones.

In reading print, the letters, though at first clear for a few seconds, became blurred, and he lost his place. Looking at a distant light, he saw one image alone, but when a red glass was placed before one eye there were two distinct images, one being red, separated vertically about a foot. When the red glass was before the right eye, the red image was below and slightly inclined to the right. When before the left, it was above and slightly inclined to the left of the vertical meridian.

A prism of 6°, base downwards, before the right eye, or base upwards, before the left eye, fused the images. A pencil held horizontally about 18″ in front of the eyes was seen singly except when carried towards the lower margin of the field of vision, when the images were separated vertically. When he looked at a black dot with a vertical line drawn through it, it appeared at first as one, if the eyes were not previously fatigued. After looking at it steadily a few seconds, one image remained stationary, and another moved up the line, the line being prolonged, but remaining single.

A prism of 5°, base downwards, before the right eye, brought the two dots together, affording only one image. When the colored glass was placed before one eye, a prism of 6° was required to fuse the images.

The vertical diplopia showed that either the superior or inferior rectus of one of the eyes was at fault. The greater tendency to diplopia at the lower part of the field of vision limited the disease to one of the inferior recti, and the fact that the image of the right eye was found to be below that of the left fixed it upon the inferior rectus of the former.

He was ordered a prismatic glass of 3° for each eye, base downwards on the left side, and base upwards on the right. The glasses, which gave complete relief from all the symptoms, were ordered to be worn only occasionally, while he was directed to come to the hospital three times a week, to have the induced current applied to the weakened muscle.

FEIGNED DEATH—RECOGNITION BY FARADIZATION.—Professor Rosenthal, of Vienna, has recorded an interesting case of trance detected by faradization in a hysterical woman whose death had already been certified by a country practitioner. It had been found that a looking-glass held to the mouth of the woman did not show any moisture, and that melted sealing-wax dropped on the skin caused no reflex movements. Rosenthal, who was accidentally present, found the skin pale and cold, the pupils contracted and insensible to light, the upper and lower extremities relaxed, the heart's impulse and the radial pulse imperceptible. Auscultation, however, showed a feeble, dull, and intermittent sound in the cardiac region. No respiratory murmurs were audible. All the muscles of the face and the extremities responded well to the faradic current. Although the patient had been apparently dead for thirty-two hours, he thereupon informed the relations that she was only in a trance, and recommended that attempts at resuscitation should be perseveringly followed. On the following day he received a telegram saying that the woman awoke spontaneously twelve hours after his visit, and gradually recovered her speech and movements. Four months afterwards the patient called upon him, and informed him that she knew nothing of the commencement of the attack of lethargy in which she had been; that she had afterwards heard the people about her talk of her death, but had been utterly unable to give the slightest sign of life. Two years afterwards, she was still alive and tolerably well.—*British Medical Journal.*

PHILADELPHIA
MEDICAL TIMES.
A WEEKLY JOURNAL OF
MEDICAL AND SURGICAL SCIENCE.

The Philadelphia Medical Times is an independent journal, devoted to no ends or interests whatever but those common to all who cultivate the science of medicine. Its columns are open to all those who wish to express their views on any subject coming within its legitimate sphere.

We invite contributions, reports of cases, notes and queries, medical news, and whatever may tend to increase the value of our pages.

All communications must bear the name of the sender (whether the name is to be published or not), and should be addressed to Editor Philadelphia Medical Times, care of the Publishers.

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EDITORIAL.

THE MEDICAL CORPS OF THE ARMY.

OF all devilish inventions which the mind of man has sought out, or which the circumstances of life have brought forth, war is simply the most devilish,—turning wealth and comfort into ruin and misery, happiness into blank despair, life into death, and, but too often, man into a fiend, Contravening every law of morality, contradicting every practice of Christianity, it stands the one great monument of man's depravity. Yet it is the basis of modern civilization, the strength of government, the majesty of the law, the very groundwork of Christianity; offering the awful paradox of peace and good will to man resting upon the field of carnage and the place of strife. As Christianity deepens in the hearts of men, as it becomes more and more universal, so, undoubtedly, will war become less and less frequent, until, in the millennium morning, peace and good will shall reign triumphant. Until then, however, we can only lessen the frequency of war and mitigate its horrors.

Probably the world over it will be acknowledged that our country—the United States of America—has done as much as or more than any other nation in both of these directions. The Geneva arbitration, the quiet waiting of the Executive in our troubles with Spain, are recent and most gratifying proofs of the decay of the war-spirit among us. Yet war, as has been said, is an inevitable heritage of man, and the nation that eschews physical force must see the evil triumph over the good, the commune over religion, anarchy over order.

Knowing, therefore, that wars and fightings must come, it is well that we mitigate, as far as may be, their distresses. During our late rebellion those gigantic philanthropies, the Sanitary and the Christian Commissions, taught the world new lessons of charity; but the relief they afforded upon battle-field and in hospital was as nothing when compared with that given by the regularly organized medical corps of the army. Let private charity do what it can; after all, it can only aid and supplement what must ever remain the great relieving agent in the time of war,—the medical department of the army. How important is it, then, that the medical corps should be maintained at the highest possible efficiency, organized in the most thorough manner, its *esprit de corps* raised by the strictest discipline, its *personnel*, which in it is everything, sustained by fresh drafts from the best young talent of the country and by those rewards which are the incentives to continuous labor!

As every one knows, the organization of our army during war is an anomalous one, the so-called "regular army"—the standing army of the country—affording merely a nucleus around which gathers a mighty host—the "volunteers." It is very evident that the latter must be composed of men recently civilians, and that its surgeons must be physicians who are novices in military surgery and the various especial departments of medical science relating to war. Hence it is all-important to maintain at all times a very large "regular" staff,—a body of men drilled in all the requirements of army life, who shall guide, direct, and leaven the general mass in war-time. Doubly important does this seem when the confusion of suddenly organizing large armies, the difficulties of selecting among unknown and untried men those fit for responsible positions, are borne in mind. The superiority of the regular over the volunteer staff is a necessary result of the same laws that render professionals superior to amateurs in any rôle of life,—a result which was very apparent in the last war, when the largest hospitals were commanded by assistant-surgeons of the regular army,—lieutenants in rank and pay ruling twelve or fifteen hundred men,—the stripling holding the command of a colonel. We have neither space nor desire to re-echo the plaudits which the world has long offered to our medical department since its work has been known. Simply let us say that its achievements exceed anything of the sort the world over; and let us in justice add that those achievements had their inspiration, their source, in the staff of the regular army.

Again, as is well known, the effective strength of

an army, the measure of its real power, is often very different from its numerical strength on paper. In keeping men *out* of the hospital the medical corps ought to be of more service to the government than in treating the soldiers in the hospital. The American soldier probably costs more to get into the field than the soldier of any other nation, and it is therefore doubly imperative upon the government to take care of him. It cannot afford to neglect him. Disease is an infinitely more dangerous foe than the cannon-ball and the rifle-bullet, but one that can be to a greater extent guarded against. Any person in the habit of reading the English medical papers will see how this is recognized abroad. Week after week the editorial columns are filled with discussions of the proper methods of meeting the medical difficulties of the Ashantee War, soldiers and civilians consulting together concerning what is said to be "a doctors' and an engineers' war."

It is evident that the preventive treatment of disease in the army involves manifold questions entirely unconnected with civil life; that army hygiene is distinct from civil hygiene; that it is an imperative necessity to maintain a large body of highly-educated, able men who shall devote themselves to the study of the various military medical problems with the steady energy that a man puts into his life-work.

The maintenance of the medical corps of the regular army in the highest possible efficiency is therefore but the dictate of common sense. Yet, some time since the rebellion, Congress, moved by that spirit of penury which loses sight of the distant gold eagle by looking at the penny close at hand, stopped all promotions and stopped all appointments to the medical staff; at one fell blow taking away every inducement of those in the army to stay there, and shutting the door against any who might be attracted by the barren pasturage left. It was well they did both, however. If they had only stopped promotion, the service might have been filled up by the merest incompetents, the best men staying out because they saw no sufficient attraction ahead. It was fortunate, then, that the door was shut, so that today there are sixty-four vacancies, even though the government has become a trader in medical services, buying temporary services at temporary prices of any one who can offer them.

We might write at length of the real injustice of shutting off promotion. We might tell of men who had abandoned lucrative positions and sure promotion in civil life, and made settled permanent contracts, because they were needed by their country,—contracts into which entered as an integrant part the chances of promotion. We might contrast the achievements of the last war and the death-roll—*greater* than that of any *other staff corps* of the army—with the contumely of the present, did not justice seem dead,—did we not believe that any body of men who could have passed the original law simply were devoid of any sense of justice, since the act was a direct *repudiation* of the agreement of the government with those who entered the army. Surely, however, a sense of right still exists among the American people, if not in their representative body; and surely that people, though slow to move, will eventually see that their representatives do right. As we have already said, we do not ask Congress to repeal the present law on the ground of justice, but, in the name of a people over which the war-cloud has scarcely passed, we demand it as a necessity. When war shall come, shall our citizen soldiery die on the battle-fields, in imperfectly provided and governed hospitals, because our country was too poor—nay, rather because Congress was too stingy—to afford the necessary pittance in time of peace? Shall our government continue to huckster in medical services for present wants, buying those so needy, so hopeless, that for a present pittance they will barter all chance of future reward? We trust not. Let every civil physician in the land use his influence in securing the repeal of the bill as asked for by the American Medical Association, and surely even an obstinate Congress—which we trust the present will not prove—will yield to justice, expediency, and the will of the people.

AS is well known, in the "olden time" advertising by the profession was done more freely than at more recent periods. We are indebted to Mr. Malin, the gentlemanly steward of the Pennsylvania Hospital, for the following extract from Poulson's *American Daily Observer*, 1806. The patient alluded to was admitted to the Hospital December 1, 1806, and, on recovering, left the institution April 22, 1807.

"PENNSYLVANIA HOSPITAL, December 27.

"On Wednesday, the 25th instant, a WEN was extracted by Dr. Physick, in the circular room, from the cheek and neck of James Hayes of Dauphin County, in the State of Pennsylvania, in the presence of Doctors Wistar and Cox, Physicians of the Hospital, and about 80 students of medicine from different parts of the Union, who were privileged to attend the practice of the house. This wen had been upwards of twenty years progressing in its growth, and, when extracted, it was measured and weighed.

"*The dimensions were as follows:*

"Projection from his cheek 7½ inches.
"Circumference round the base 23 do.
"Do. in its largest extent 25½ do.
"Do. in the least part of it 19½ do.
"The weight was seven pounds.

"It is supposed the patient might have lost about ten or twelve ounces of blood. This severe operation he bore with the greatest fortitude, and there is a reasonable prospect of his doing well."

IN a recent number of the London *Lancet* is an editorial upon the subject of International Copyright Law, in which occurs the following passage, which we would commend to the business consciences of some well-known publishers if we thought they had any:

"The reproduction of British works in the United States is of course nothing less than piracy (however disagreeable the word), and the Americans have hitherto stoutly resisted all attempts by both English and American authors to bring about some mutual good understanding."

We say Amen to this. As the *Lancet* afterwards intimates, however, it is not the "Americans," but a ring of publishers, who, strong in their ill-gotten wealth, simply grow stronger day by day through the half- or not-at-all requited toil of authors.

PROCEEDINGS OF SOCIETIES.

PHILADELPHIA COUNTY MEDICAL SOCIETY.

A CONVERSATIONAL meeting was held at the hall of the College of Physicians, November 12, 1873, at 8 o'clock P.M.,

DR. W. B. ATKINSON, PRESIDENT, in the chair.

The paper of Dr. G. HAMILTON (see page 178) was read, and gave rise to the following discussion:

Dr. WM. GOODELL agreed with the author of this admirable paper in the opinion that the virulence and contagiousness of typhoid fever in country towns and villages are in a great measure attributable to the greater impressibility of countrymen. They certainly are not, as suggested by Gendron, owing to small rooms and to the congregation of the whole family in them. For the poor of large cities are, in these and other hygienic respects, far worse off; and yet this disease rarely attacks more than one member of a citizen's family. The peculiar vulnerability of countrymen to miasmatic and contagious influences is well known. It has long been remarked by military surgeons that the raw but healthy recruits from country towns sooner succumb to the diseases and the hardships of a campaign than the pale and unhealthy-looking lads drafted from the shops of a great city. People born and bred in the courts of a city never breathe pure air, and are daily and hourly exposed to morbid influences, which they resist, but which would soon cut short the life of a countryman. Thus it is that in epidemics acclimatized citizens escape, while the recent resident early falls a victim. In this sense there are grains of truth lying at the bottom of the legend that Mithridates had so accustomed his stomach to violent drugs that there was no poisoning him.

Dr. HAMILTON thought the hazard was much greater on the part of the city, as regards the condition of the privies in reference to their possible or probable agency in the production of typhoid fever. In many places west of Broad Street the privies, if not connected with a sewer, were nearly always full, evidently from some peculiarity of soil permitting the wells to fill rapidly with water, the fæcal substance resting generally upon the surface.

Dr. ESHLEMAN thought that cesspools were generally kept in a worse condition in the country than in the city, and that the disease was more fatal in the country. He had never in the city met with a second case in the same family, or in the vicinity. He regards it in our city, however grave the symptoms, as very amenable to treatment. He relies principally on efficient supporting remedies. He uses two to six pints of milk daily, besides beef-tea, wine, eggs, and brandy in their turn.

Dr. GOODELL asked Dr. ESHLEMAN to describe the cesspools in the country.

Dr. ESHLEMAN, in reply, said the wells were usually of a large size, from four to eight feet deep, and neatly housed. But their contents were very seldom removed or disinfected. He seldom entered them, because of their very offensive odor. He thought it strange that the disease was not more prevalent if human excreta were the source of its origin. He would add that, in seeking the origin of a case which he has at this time under treatment, he discovered that eight days prior to his taking charge of the case, and one day before prodromic symptoms set in, his patient had been exposed to exhalations of a most offensive character, that arose from the emptying of a cesspool in the yard, and which they inhaled during the night and while removing their household goods the next day.

Dr. COHEN inquired what was the drainage of small towns in Dr. HAMILTON'S experience.

Dr. HAMILTON, in reply, said that the village in which he formerly resided was finely situated upon the ridge dividing the Brandywine and Red Clay Creek. He had never noticed any condition of the surface that would be likely to furnish miasmata or effluvia capable of engendering disease; though the population, many years previous to his residence there, was more than decimated by dysentery. The cases of typhoid fever were not frequent in the village.

Dr. B. LEE said that he found himself entirely unable to agree with the remark of the author of the paper, that it might have been of a more practical character. He considered no questions more truly practical than those relating to the prevention of disease, and that not until the profession gave a due amount of attention to these questions would it rise to its full dignity and fully discharge its obligations to society. Of the many interesting topics suggested by the paper, he would refer to a few only. As regards the existence of a certain impalpable, undefined, and as yet not understood condition of the soil, as a cause of typhoid fever, he would instance a circumstance which appeared to him to have a very direct bearing upon it. In the neighboring city of Wilmington, about twenty-seven years ago, an epidemic of this disease made its appearance, which was of an unusually fatal character, attacking rich and poor alike, and carrying off many of the most prominent citizens. Shortly before its commencement, the main street of the city had been upturned nearly its whole length (about a mile), for the purpose of introducing new water-mains. The excavations were at least six feet in depth, and remained open for one or two months. No other cause for the outbreak could be assigned, and the physicians of the town were unanimous in ascrib-

ing it to this. The disease had never before or after prevailed there as a decided epidemic. In regard to the greater frequency of the disease in its epidemic form, and its greater virulence in the country than in the city, it should be remembered that in the city, however filthy the condition of our cesspools might be, our water-supply was drawn from a distance, and was therefore entirely free from all suspicion of contamination by our own excreta at least; while in the country sufficient pains were not taken to avoid the possibility of drainage from the cesspool into the well, a danger which was especially great in porous soils or where the rock strata dipped towards the latter from the former.

The writer had alluded to infected milk as a source of typhoid fever. This he considered a matter of the deepest moment, and one worthy of close investigation. Milk is a fluid so highly vitalized, so near akin to blood itself, especially when warm from the cow, the condition in which it would be exposed to emanations from diseased persons or infected utensils on the dairy farm, that it formed a most fitting nidus for the reception and development of disease-germs. He desired to ask the author of the paper, as having had opportunities of observing the disease in the country, whether he had ever noticed any relation in point of time between the ploughing-season and outbreaks of the disease in question, as that might throw some light on the theory that the exposure of the soil was capable of producing it.

Dr. HAMILTON stated that the account given by Dr. LEE of an outbreak of typhoid fever of unusual extent and fatality in the city of Wilmington, Delaware, the origin of which was supposed by many to have been the exposure to the atmosphere of a large amount of fresh soil, reminded him of a similar outbreak in Germantown. He had visited in consultation on that occasion a young man in a family where two or three others were affected. He was informed that many other cases existed in that particular portion of the town, and that no explanatory cause presented, unless it might be found in the fact that the cutting down of a hill in grading a street had exposed to the action of the atmosphere and light a very great quantity of fresh earth. Dr. H. had seen nothing to induce him to suppose that freshly-ploughed ground might have an influence in giving rise to typhoid fever.

Dr. G. KERR mentioned an outbreak that occurred in one of the normal schools of the State in the year 1859. Over two hundred young ladies were in attendance. About forty-five were taken with the fever, and a large number of the cases proved fatal. The cases were taken from the school (in which building they also boarded) to their respective homes.

It was noticed at the time that the delicate-looking girls from the city did not seem to be affected at all, whilst the strong, hearty, robust country girls were the sufferers. In one family to which a patient was taken, three more of its members took the same disease, and all four died. Every care was taken to prevent contagion. In this case the house was elevated, thoroughly cleansed, and the members of the family were not permitted to enter the room.

Dr. Kerr's own sister was among the number that took the disease, and was very ill. The entire family was almost constantly exposed in the sick-room. The usual care for ventilation and cleanliness was taken, and no one of their family suffered in the slightest.

The cause of the disease was attributed to the leaking of a pipe leading from the water-closet in one of the upper stories. He did not believe that the turning over of the soil or ploughing has any connection with the disease whatever. He thought that if the effluvium of privies had anything to do with it, the malady would be exceedingly common in this city, where hundreds of the houses are as bad as the privies themselves.

The fact that those who clean sewers are not subject to the disease was proof that this cause had nothing to do with it. Or else, if so, as some affirm, then these persons must have become acclimated, so to speak, to such an atmosphere. He thought perhaps this might be the reason we do not suffer more in cities.

Dr. ATKINSON stated that he very rarely saw any typhoid fever on the "Neck," in the lower part of the city, although the night-soil was spread over the ground in great abundance and in the immediate vicinity of their dwellings. During the epidemic of smallpox there was none among the "Neckers."

Dr. BALDWIN asked Dr. ATKINSON as to the character of the drinking-water in that locality.

Dr. ATKINSON replied that the water was obtained from shallow wells, but did not think there was anything deleterious in it. The soil is diked.

Dr. BURNS said that in his neighborhood, five miles north of Philadelphia, is a large manufacturing town, the greater portion of which is on elevated ground, the Tacony Creek bordering it on the southwest. Here, for the last thirty-five years, he had treated many cases of typhoid fever; at sundry periods there have been epidemics of this disease. In 1865 there were a number of cases in a salubrious part of the town, in two adjoining houses. He attended seven patients in the one and four in the other, all with a grave form of the disease, and all recovered. In the vicinity there were a number of others under the care of neighboring physicians. In endeavoring to investigate the cause or causes of this visitation, Dr. BURNS thought it proceeded from clearing out an old mill-race, the mud of which, being thrown upon its banks, sent forth noxious effluvia, the dwellings being only about fifty yards distant.

At another and later period, there were three cases in a well-appointed farm-house, where no deleterious cause appeared to exist. In this case he thought the morbific influence might have arisen from the storing away of vegetable matter in the cellar, which is very common in farm-houses. He thought the supply of drinking-water was always worthy of consideration, and that there was danger of contamination if the cloacæ were in close proximity. It is difficult to ascertain the cause of this and any other disease. Doubtless there are special causes, and there may be atmospheric and telluric influences, with modifications due to electricity, which have powerful effects in the production of disease. Moreover, the constitution, habits, food, and clothing of the patient have each their share as factors of morbid action.

Dr. F. J. BUCK thought that where intermittent fever was prevalent, as on the Neck, there typhoid fever was not to be found. This he thought might be owing to the congested spleen acting as a revulsive. He thought he had observed an antagonism between the two diseases.

REVIEWS AND BOOK NOTICES.

THE STUDENT'S GUIDE TO MEDICAL DIAGNOSIS. By SAMUEL FENWICK, M.D., F.R.C.P., Assistant Physician to the London Hospital. From the Third Revised and Enlarged English Edition. With Eighty-four Illustrations on Wood. Philadelphia, Henry C. Lea, 1873, pp. 328.

This is a good book, and one which has been well received in its native city, as is proved by the fact that it has so soon attained the honors of a third edition; and yet we regret to find in its prosperity a sure evidence that the average British medical student is as fond of aids to superficial knowledge as his much-commiserated American brother, and seizes with equal avidity upon

"Compends" which hold out the oft-repeated but always delusive promise of guiding him upon a royal road to learning.

Especially should this encouragement to dilettanteism in medical science be deprecated, we think, if applied to the pre-eminent department of diagnosis, as must be the case when our author, as he declares in the preface, has confined himself "to the general rules of diagnosis, and taken but little notice of the exceptions that are met with in practice." Hardly a day passes in the busy practitioner's life during which he does not long for a more thorough and complete knowledge of diagnosis, even although he may have "memorized" the contents of Da Costa's and Barclay's admirable manuals; and yet his problems of disease are no more difficult to solve than those which meet the student at the very outset of his career as a medical man. We suppose a student's guide to geometry, in which the arduous *pons asinorum* and the abstruse forty-seventh theorem were omitted, might have a brief season of popularity among pupils of a low grade; but could it receive the sanction of any faithful and conscientious preceptor?

We have already remarked that the book is a good one; and by this we mean that it is well calculated to educate students into mediocre diagnosticians. Its arrangement is excellent, enabling us to turn at once to the portion of the work applicable to any particular case in hand, and to investigate the value and bearing of prominent symptoms without loss of time. Its usefulness is materially increased by the numerous (often superior) wood-cuts which are employed to illustrate the clear and concise descriptions of the text. The volume is well printed, and exhibits comparatively few evidences of careless writing or proof-reading; although we suspect that the statement on page 153, that oxalate of lime "crystals are octahedral (like envelopes)," might puzzle alike a student of medicine, a disciple of Euclid, and a stationer's apprentice. J. G. R.

AN INTRODUCTION TO PRACTICAL CHEMISTRY, INCLUDING ANALYSIS. By JOHN E. BOWMAN, F.C.S., late Professor of Chemistry in King's College, London. Edited by CHARLES L. BLOXAM, F.C.S., Professor of Chemistry in King's College, London, etc., etc. Sixth American, from the Sixth and Revised English Edition. Philadelphia, Henry C. Lea, 1873, pp. xvi., 339.

This work, which is a handbook for laboratory use, will be found of value to those who wish to make some headway in practical chemistry before taking up the more complete works on the subject. As its title implies, it does not enter into the consideration of theories, but confines itself entirely to practical matters, of which it is a concise and convenient exponent.

A SYSTEM OF MIDWIFERY, INCLUDING THE DISEASES OF PREGNANCY AND THE PUERPERAL STATE. By WILLIAM LEISHMAN, M.D. Henry C. Lea, Philadelphia.

This is a reprint of the English work noticed at length in our columns not long since. We have nothing to add to what was said at that time as to the professional merits and demerits of the book; and it only remains to state that the publisher has done his work in the present instance with his usual good taste and in his well-known style.

BLOODLESS SURGERY (*Irish Hospital Gazette*, November 1, 1873).—Mr. B. Wells Richardson has performed an amputation of the thigh by the bloodless method, compressing the limb with a tight bandage. The operation was that of Benjamin Bell,—*i.e.*, by a long anterior flap. Only about one-third of the usual quantity of blood was lost.

GLEANINGS FROM OUR EXCHANGES.

NEURALGIA OF THE ABDOMINAL PLEXUS OF THE SYMPATHETIC.—Dr. A. Seeligmüller, in a collection of observations on the pathology of the nervous system (Halle, 1873), states that a man aged 33, who had been long exposed to cold and wet while employed in some water-works, and had afterwards worked in a white-lead manufactory, suffered from the following symptoms, which returned regularly every four weeks. His face became red, and he had pain in one or other of the lower limbs. While these symptoms were present, he had a violent paroxysm of cough, ending in vomiting of mucus; this was followed by an urgent desire for defecation, attended with spasmodic pain in the rectum and in the whole of the hypochondriac region. The first discharges were normal; afterwards they presented thready masses of the size of a goose-quill. After the stools, the pain extended to the back; and, when it had reached the neck, the feeling of strangulation, vomiting, and spasmodic deglutition, were relieved. The patient then had a rigor; and the paroxysm ceased at the end of twelve hours, with an attack of vomiting, to be repeated on the third day. After this, there was an interval of four weeks, during which the man became rapidly convalescent and presented nothing abnormal on examination. Various plans of treatment only alleviated this condition for a short time. The patient found most relief from a prolonged course of treatment as for tænia and faradization of the large intestine, and at a later date from injection of morphia. The disorder remained essentially unchanged. Dr. Seeligmüller believes that the symptoms were due to neuralgia of the solar plexus, or to a visceral neuralgia affecting some one or other of the abdominal plexus. He does not think that the case was one of lead-colic, because the patient had no symptoms while employed in the manufactory, and there was no lead-line on the gums.—*British Medical Journal.*

PARALYSIS OF THE THREE BRANCHES OF THE TRIFACIAL NERVE.—The same author (*ibid.*) refers to the case of a woman aged 26, in whom neuro-paralytic inflammation of the eye set in after nearly three years of anæsthesia of the left side of the face (this was at first limited to the left corner of the mouth, from which it afterwards spread upwards). The left half of the tongue was thickly coated with a white fur; the right was of a bright-red color; taste was lost in the anterior two-thirds of the left side of the tongue. A two months' course of treatment with the constant electric current (the positive pole being applied behind the left ear, and the negative to the face) produced marked improvement in all the symptoms.—*British Medical Journal.*

TYPICAL NEUROSIS OF THE VAGUS NERVE.—A girl aged 15, says Dr. Seeligmüller (*ibid.*), had suppression of the menses after being violently angry. At the same time, severe pharyngitis set in; and this recurred regularly for two and a half years whenever she had a paroxysm of anger. In the first half-year, she had loss of consciousness, tonic cramps in the hands and feet, and frequent dyspnœa, generally lasting four hours. The cramps and loss of consciousness afterwards disappeared; but she had recurrent paroxysms of enormously increased frequency of respiration,—200 in a minute. Numerous plans of treatment were employed without effect. Dr. Seeligmüller, having ascertained that pressure produced pain at points along the left side of the seventh, eighth, ninth, and tenth dorsal vertebræ, and in the corresponding intercostal spaces, used the constant current, applying the positive pole over the painful parts of the spinal column, while with the negative pole the points where pain was produced were

brought into contact until the pain had ceased. Each point was treated from two to four minutes, thirty or forty large Remak's elements being used. After two months of this treatment, the paroxysms almost disappeared. At a later date, the patient had other nervous disturbances, especially severe pains in various parts of the body. Dr. Seeligmüller believes the case to have been one of neurosis of the vagus nerve, the central end of which was abnormally irritated by inflammation proceeding from the throat. A search for painful points, and the application of treatment to them, is an essential indication in the treatment of all reflex neuroses.—*British Medical Journal.*

SCIATICA FOLLOWING THE CONTINUED USE OF A SEWING-MACHINE.—Dr. Seeligmüller relates (*ibid.*) the case of a woman, aged 50, who, after having worked with a sewing-machine for four years, had tearing pains in the leg with which she worked, extending from the ankle to the tuber ischii. The pain was not felt when she rested, but was brought on by walking or standing. The patient had also a sensation of cold and formication in the affected foot. Continued labor with the sewing-machine produced, besides the pain, loss of muscular power in the legs, wasting of the muscular substance, and a state of great general weakness. As a prophylactic measure, she was ordered to take longer intervals of rest between the periods of work.—*British Medical Journal.*

CASE OF POISONING BY COAL-GAS (*The Lancet*, October 25, 1873).—Dr. F. De Chaumont recently had the opportunity of making post-mortem examinations on the bodies of two persons who died from the effects of breathing an atmosphere saturated with coal-gas. He found extensive ecchymoses of a bright-red color on the dependent parts of the back, arms, and legs; the dura mater on its external surface was much congested; the arachnoid was opaque; the pia mater bright red and injected; cerebral substance bright red, with numerous bloody points in it; a small quantity of serum in the spinal canal; right auricle full of coagulated blood; blood generally fluid; trachea highly congested, containing a moderate quantity of mucus; lungs not much collapsed; aorta closed and crepitant; bronchial membrane greatly congested; bloody, frothy matter issuing in large quantities from the tubes. Remaining organs healthy.

SECONDARY DISEASE OF BOTH PNEUMOGASTRIC NERVES IN THE COURSE OF TYPHOID FEVER.—Dr. Zurhelle relates (*Berliner Klinische Wochenschrift*, No. 29, 1873) the case of a man who, in the second week of an attack of fever, was seized with severe pain at the level of the cornu of the thyroid cartilage on the left side (and later also on the right), which seriously impeded deglutition. The voice was clear, and remained so. Nothing abnormal could be detected by examination with the laryngoscope or externally; but the pain was much increased by pressure in the direction of the spine. In the further progress of the disease, attacks of vertigo and palpitation set in, while the pulse became irregular and sank to 36 in the minute. Later on, there were frequent attacks of syncope, with clonic convulsions and profuse vomiting. The fainting-fits were diminished by morphia-injections; but, while the temperature was still high, the pulse remained irregular, less than 40 in the minute. Pneumonia of the left side now set in, and with it paresis of the recurrent nerve on both sides, as ascertained by the laryngoscope, and hoarseness. Under the use of iodide of potassium, the violent pain on both sides of the neck at once disappeared; the heart-beats became more regular and frequent, but hoarseness, due to paresis of the left recurrent nerve, remained.—*British Medical Journal.*

INTUSSUSCEPTION (*Irish Hospital Gazette*, November 15, 1873).—Dr. B. G. McDowel details the case of a woman, æt. 47, who on admission to the hospital stated that she had been ill four days, with incessant vomiting, and that during the last two days she had passed blood by the bowels in large quantities. She was very weak and exhausted, the pulse rapid and feeble, the extremities cold, and the surface covered with a dank sweat. During the next three days she grew weaker, her bowels remained closed, the vomiting became fæcal, and she finally died.

On opening the abdomen, the large intestine was found to form a solid mass about six inches in length and four in diameter, situated horizontally in the middle line of the body below the stomach. This proved to be due to an intussusception, the ascending colon with part of the great omentum being included in the transverse colon. The contiguous serous surfaces were firmly adherent; the mucous membrane of both the including and included portions was intensely congested, almost gangrenous; the intestines were full of a large quantity of liquid feculent matter. The case is peculiar from the unusual situation of the obstruction.

YELLOW FEVER IN NEW ORLEANS IN 1873—ITS SPREAD ARRESTED BY DISINFECTANTS.—Dr. Alfred W. Perry, Sanitary Inspector of N. O. Board of Health, states (*New Orleans Med. and Surg. Journal*, November, 1873) that yellow fever was introduced into New Orleans, July 4, by the mate of a Spanish vessel from Havana, which arrived on the 26th June, and the disease then slowly spread. "During the first week in August the Board of Health commenced extensive disinfection with carbolic acid of all places where yellow fever had been reported. The disinfection was performed in two different ways,—viz., when a case of yellow fever was reported, all the yards, alleys, and drains in the square were sprinkled with carbolic acid by hand sprinkling-pots; about seventy gallons of the carbolic acid were used per square. This was done to destroy any disease-germs that might be on the ground, and to prevent the spread of the disease-germs over the other parts of the same square. Thirty entire squares and twenty-one half squares where yellow fever had occurred were thus disinfected in the Fourth District, and in only seven of these areas disinfected were there any subsequent cases of yellow fever."

The streets were also disinfected with carbolic acid by sprinkling water-carts. Nowhere in the world, Dr. P. says, has disinfection on so extensive a scale been used. "In sprinkling the streets, about twenty gallons were used to every one hundred yards; this was repeated several times at intervals of five to ten days. The large amount of carbolic acid used made the air of a disinfected locality exceedingly irritating to the eyes, and sometimes produced headache and nausea. These disagreeable effects are due to the naphtha and naphthaline, which constitute the impurities in the crude carbolic acid; these have no disinfecting value, and in future a purer acid should be used, which is not very unpleasant, and equally effective and cheap." He further says that a few cases occurred in Mobile, and the disease was extinguished by the same method.—*Medical News.*

COMPRESSION AS A MEANS OF PREVENTING HEMORRHAGE (*British Medical Journal*, November 1, 1873).—Mr. George W. Callender thinks there are some conditions in which the use of M. Esmarch's plan for the prevention of hemorrhage during operations by encircling the limb or part with an elastic bandage is not desirable. Cases where there is any suspicion of local vein disease are of this class; so, too, are cases in which primary amputation is required for the crushing of tissues, as in such the torn veins are closed with clots

which might possibly be displaced by the compressing bandage, and so pass into the larger vessels, causing embolism; and so also are cases of gangrene or of rapidly extending cellular inflammation. The expectation that the compression might prevent pain has been tested and has failed, but there is no reason to suppose that it engenders risk of the after-sloughing of parts, as of the skin-flaps after amputations. It may be serviceable in quite another direction,—as a compress in the immediate treatment of poisoned wounds. Dr. W. R. Kynsey reports (*Irish Hospital Gazette*, November 15, 1873) three cases in which this method was employed with great success: one of necrosis of tibia, one of amputation of a toe, and an excision of the elbow. There was no loss of blood, no necessity for the use of a sponge, and each structure before division could be easily recognized.

Dr. W. Thomson reports a case (*ibid.*) of amputation of the hand where the best possible results were obtained by the use of compression.

Caoutchouc Electuary as a Remedial Agent (*New York Medical Record*, November 15, 1873).—Dr. Theodore Varick, after having for fifteen years prescribed caoutchouc in preference to cod-liver oil in certain cases of pulmonary tuberculosis in every stage, in chronic bronchitis, the winter coughs of old people, and in chronic rheumatism, desires to call attention to its use as a remedial agent. It is not claimed that it is a remedy which has any specific action, but that it diminishes excessive mucous secretion and suppuration, arrests hemorrhage and colliquative sweating, and retards emaciation.

Prepared in the following manner, it should be given in doses of a teaspoonful three times a day, about two hours after meals:

℞ Caoutchouc (in thin slices), ℥i;
Olei terebinthinæ, f℥ii.—M.

℞ Sol. caoutchouc, f℥ii;
Sacch. alb., f℥iss;
Mellis (strained), f℥iiss.—M.

When these preparations are mingled, the mixture (containing about two grains of caoutchouc to the teaspoonful) should be of an opaque yellow color and thick enough to run very slowly from a spoon. One hundred parts of caoutchouc contain 87.2 carbon and 12.8 hydrogen, while cod-liver oil contains of carbon 37 and hydrogen 34—; so that should the former be available as respiratory force or fuel it would be of great value.

Latent Syphilis as a Cause of Ununited Fracture (*The Lancet*, November 1, 1873).—J. Wilson Steele, M.D., reports the case of a man, æt. 30, who was admitted to the hospital on March 17, suffering from an oblique fracture of the tibia at about the junction of its middle with its lower third. It was easily reduced, put up in two side-splints, and the redness and swelling subdued by evaporating lotions. He seemed to progress favorably, took his food heartily, and slept well. On removing the splints about the usual time, it was found that no attempt at union had taken place. There was no apparent constitutional cause to account for this, and the line of fracture did not run in such a way as to interfere with the nutritious artery of the bone. On April 24 the fragments were put firmly in apposition for the second time. The splints were again removed June 10, with the same result as before. Dieffenbach's method of exciting inflammation in the fragments was then resorted to without delay. On July 29 the pins were removed, having become loosened by suppuration. There was much tenderness at the lower end of the upper fragment, and a large quantity of pus was discharged through the openings made by the pins. No examination of the limb was made for a few days, lest any callus which might have been thrown out should be disturbed.

August 10.—The limb presented the same sad state of affairs as before; patient restless; appetite much impaired.

August 12.—Considerable conjunctival injection of the left eye; patient feverish and delirious.

August 13.—Patient calm; face and body covered with an erythematous eruption; marked iritis in left eye. He was ordered one-twelfth of a grain of bichloride of mercury in combination with ten grains of iodide of potassium three times daily. The effect was very marked. The lymph became absorbed from the eye, the general health improved, and on September 8 he was discharged cured, still persistently denying that he had ever had any form of venereal disease, but admitting that he had been exposed to contagion exactly nine weeks before admission.

MISCELLANY.

A Western Doctor of the Olden Time.—The late Dr. Morehead was for many years a leading practitioner and medical teacher in Cincinnati. The *Nashville Journal of Medicine and Surgery* discourses of him editorially as follows:

"We first saw Dr. Morehead forty-three years ago, and heard his course of lectures then upon the practice of medicine. Very well do we remember the first Monday in November, 1830. We then entered the Medical College of Ohio as a student. All of the Professors that morning, at nine o'clock, were sitting round a long, wide table, and, commencing at one end, paying fee and taking ticket, the student continued until he made the entire round. To the best of my recollection, each Professor, that morning, got about six hundred dollars. I remember to have thought it quite a princely business, and looked upon those grave philosophers, as I took every one to be, with absolute awe, wondering if they had not descended from the gods, to have attained so wonderful a distinction! I stopped one of them on the street the next day, to beg of him a prescription to relieve a poor man, in my neighborhood, of a hemiplegia, and I had not a doubt but a few cabalistic hieroglyphics of his, on a scrap of paper, would confer on me the power of making my poor friend whole,—that he might leap, with recreated energy, and go on his way rejoicing.

"And now the lectures began. Except Cobb and the obstetrician, each of them sat down on a chair and read his lecture straight along from one end to the other, when, saying "Good-morning, gentlemen," he left, to make way for another.

"Morehead wore black buckskin boots, drawn on over his pantaloons, which were of black plush. I made no doubt that such boots were only for those in the highest walks of philosophy, and wondered if it were possible for any of his colleagues, or of the students before him, ever to attain so sublime a height as to be entitled to such boots as those. I had never seen any like them before, nor have I since. All the

other Professors trudged about on foot to their patients, if at any time they had any; but Morehead, who always had plenty of them, rode an old gray mare, heavy in foal. He was, I remember, quite a hero with the students, for he had "fit his fight" with Drake, and, it was said, got the best of it. The story ran that Morehead had a handkerchief—an old bandana, about the size of a tablecloth—full of silver dollars, which he was taking to the bank, when Drake met him on the street, and let loose upon his head a torrent of the bitterest and most eloquent invective, of the non-expletive kind, imaginable, for Drake never swore. Whereupon, being slow of speech, Morehead fell back on his muscle, and brought down on Drake's head his handkerchief of dollars, with such terrific force as to curl him up on the pavement, deprived of speech and sense, where Morehead left him, and went his way. Drake must have alluded to this conflict, five years later, when he said, in his farewell lecture to his class, in the 'Drake School,' out of taste, I thought, alluding to his 'slanderers,' as he called his opponents, 'I have tried the pen, I have' (standing on his toes, and striking the desk with his fist) 'I have tried *physical force*.'

"Morehead had his lectures written on small note-paper, and carried the one selected for the day in a thick and rather greasy-looking pocket-book, which he would take from his side-pocket, after taking his seat, untie its fastenings, and, lifting sheet by sheet, read them as one might read a letter aloud at his own fireside. His brogue was terrible, and it was with the greatest difficulty that I could comprehend him. I believe a large majority of the class never tried. I never saw him make but one gesture. He was talking of salivation, and said, 'Some of your patients, hereafter, upon a morning visit, will' (and here he carried his forefinger and thumb to his upper right canine, and motioned as if extracting it) 'will reproachfully say, "See here, doctor."'

"He had a large collection of pills, plasters, and things, in an old frame building fronting the levee, and a brother, as I understood, who was a 'surgeon,' and who was pretty generally on hand here, and, I remember, prescribed 'searching cathartics,' so popular with his brother. I did not hear that he did any other surgery.

"Dr. Morehead always said that he would prescribe for no one who did not have on a flannel shirt. He would not prescribe for a room-mate of mine until he got one, which was not an easy thing, in the absence of a subscription, for the poor fellow to do.

"Dr. Morehead got married, for the first time, during this winter, and on the night of the wedding the students had a meeting and appointed an 'orator' to congratulate him next day, at his lecture-hour. Sure enough, next day, just as the doctor was taking his seat, at a preconcerted signal the whole class arose, as one man, when our orator, a very tall, gaunt man, with enormous porter-house-steak whiskers, as red as blazes, fired away, and in hot haste was up among the stars, and walking the milky-way as fearlessly as a conjurer dances on a tight-rope. When he was through, we all sat down, and so did the Doctor, and, leisurely taking out his old leather pocket-book, he untied the string, took out a sheet, and commenced reading, as if nothing in the world had happened!

"When he went to see a patient of whose financial rank he was ignorant, he no sooner entered the room than he asked, pencil and paper in hand, 'Who pays this bill?'

"Twenty years afterwards, we learned from a high source that Morehead, a native of Ireland, had never taken out papers of naturalization; that he possessed, in his own right, in Ireland, two hundred thousand dollars; and that he made and saved two hundred thousand more in Cincinnati, which he took with him to Ireland, where he lived a reasonable lifetime longer, on a magnificent estate."

THE *Lyon Médical* states that on opening, a short time ago, the will of a Mr. D——, the following clause was found: "I request that my body be delivered to the Paris Gas Company, for the purpose of being placed into a retort. I always used my mental powers for the enlightenment of the population at large, and I desire that my body be used to enlighten the people after my death." As cremation is not allowed by law in France, the request cannot be carried out.—*London Lancet.*

NOTES AND QUERIES.

WHAT would be the effect upon the human system of a hypodermic injection of chlorodyne? I ask the question owing to my having injected fifteen minims into a dog,—*a fair-sized cur*,—the effect of which was to completely narcotize him, and he remained so for at least two hours; so much so that if I had not noticed the pulsation of the heart I might have supposed him dead. After his recovery I tried half an ounce by the mouth, which seemed to have but little effect; I then tried one ounce per rectum, with the same result.

Yours truly,

INQUIRER.

Answer.

As the editor of the *Philadelphia Medical Times* has never heard of chlorodyne being used hypodermically, he cannot answer the inquiry. The results of the experiment are certainly quite startling, but are possibly explainable as the conjoint effect of the ext. cannabis and the morphia of the chlorodyne thrown directly into a vein. The resin of cannabis is absorbed very slowly and with difficulty, and hence its action when thrown into a vein would *a priori* be expected to be much greater than when it is taken into the stomach. After all, this is mere guessing: if any of our subscribers have any knowledge on the subject, we would be glad to hear from them, and we hope Inquirer will inquire into the matter by further experiments.

OFFICIAL LIST

OF CHANGES OF STATIONS AND DUTIES OF OFFICERS OF THE MEDICAL DEPARTMENT U.S. ARMY, FROM DECEMBER 9, 1873, TO DECEMBER 15, 1873, INCLUSIVE.

BAILY, JOSEPH C., SURGEON.—Relieved from duty in Department of California, to proceed to Baltimore, Md., and, on arrival, report by letter to the Surgeon-General. S. O. 244, A. G. O., December 8, 1873.

GHISELIN, JAMES T., SURGEON.—Granted leave of absence until June 6, 1874, and his resignation accepted, to take effect June 6, 1874. S. O. 245, A. G. O., December 10, 1873.

PATZKI, J. H., ASSISTANT-SURGEON.—Assigned to duty at Fort Fetterman, Wyoming Territory. S. O. 182, Department of the Platte, December 3, 1873.